

Attorney's Docket No. F-5235 CIP DIV CIP 2

COMBINED DECLARATION AND POWER OF ATTORNEY
 (ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
 CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☐ original
☐ design
☒ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

- ☐ national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional
☐ continuation
☒ continuation-in-part (CIP)



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INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Systems and Methods for Collecting Leukocyte-reduced Blood Components, Including
Plasma that is Free or Virtually Free of Cellular Blood Species

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) ☐ is attached hereto.
 (b) ☒ was filed on 27 March 2001 as ☒ Serial No. 09/818,486
 or ☐ Express Mail No., as Serial No. not yet known _____
 and was amended on 8 July 2003, copy attached

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- (c) ☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to me to be material to patentability, as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the filing date of this continuation-in-part application

(also check the following item, if desired)

[] In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) [x] no such applications have been filed.

(e) [] such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. S 119

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			[] YES NO []
			[] YES NO []
			[] YES NO []
			[] YES NO []
			[] YES NO []



ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

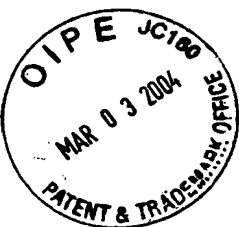
NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. S 120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Daniel D. Ryan (29,243)
Joseph A. Kromholz (34,204)
Daniel R. Johnson (46,204)
Patrick J. Fleis (P-55,185)
Michael C. Mayo (38,545)

John M. Manion (38,957)
Laura A. Dable (46,436)
Patricia A. Limbach (50,295)
Bradford R.L. Price (29,101)



(check the following item, if applicable)

[] Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative.

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SEND CORRESPONDENCE TO

BAXTER HEALTHCARE CORPORATION
Bradford R.L. Price, Fenwal Division RLP-30
Route 120 and Wilson Road
Round Lake, Illinois 60073

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

Bradford R.L. Price
(847) 270 - 2632

DECLARATION

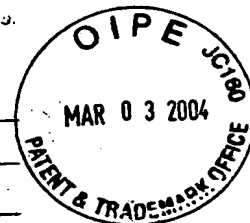
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

DANIEL LYNN
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature _____
Date _____ Country of Citizenship US
Residence SPRING GROVE, ILLINOIS
Post Office Address 9107 ALAMONTE DRIVE
SPRING GROVE, ILLINOIS 60001 US



Full name of second joint inventor, if any

PHILLIPPE VAN HEEMS
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature X Van Heems
Date February 2nd 2004 Country of Citizenship FR
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Post Office Address 6, PLACE DE L'ABBAYE
F-36400 LACHATRE, FRANCE

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Full name of third joint inventor, if any

TAT MUI
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature _____
Date _____ Country of Citizenship US
Residence CHICAGO, ILLINOIS
Post Office Address 1463 VICTORIA
CHICAGO, ILLINOIS 60660 US

Full name of fourth joint inventor, if any

JEAN-CLAUDE BERNES
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature X
Date _____ Country of Citizenship BE
Residence FAIMES, BELGIUM
Post Office Address RUE DE LA VALLEE 8
B4317 FAIMES, BELGIUM

Full name of fifth joint inventor, if any

ROBERT DE VOS
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature X
Date _____ Country of Citizenship BE
Residence LILLOIS-WITTERZEE, BELGIUM
Post Office Address AV. DU SABOTIER 27
B1428 LILLOIS-WITTERZEE, BELGIUM

Full name of sixth joint inventor, if any

JEAN-MARIE MATHIAS
(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature X
Date _____ Country of Citizenship BE
Residence LILLOIS, BELGIUM
Post Office Address AVENUE DU TONNELIER 46
B1428 LILLOIS, BELGIUM

A circular stamp from the OIPE (Office International de la Propriété Industrielle). The text "OIPE" is at the top, "JC180" is at the top right, "MAR 03 2004" is in the center, and "PATENT & TRADEMARK OFFICE" is at the bottom.

DANIEL (GIVEN NAME) LYNN (FAMILY (OR LAST NAME))
 Inventor's signature (MIDDLE INITIAL OR NAME)
 Date 1/30/64 Country of Citizenship US
 Residence SPRING GROVE, ILLINOIS
 Post Office Address 9107 ALAMONTE DRIVE
 SPRING GROVE, ILLINOIS 60081 US

PHILIPPE
(GIVEN NAME) VAN HEEMS
(MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
Inventor's signature
Date Country of Citizenship FR
Residence LACHATRE, FRANCE
Post Office Address 6, PLACE DE L'ABBAYE
F-36400 LACHATRE, FRANCE

TAT
(GIVEN NAME)
Inventor's signature TAT
Date 1/30/04 Country of Citizenship US
Residence CHICAGO, ILLINOIS
Post Office Address 1463 VICTORIA
CHICAGO, ILLINOIS 60660 US

MUI
(MIDDLE INITIAL OR NAME)
FAMILY (OR LAST NAME)

<u>JEAN-CLAUDE</u> (GIVEN NAME)	<u></u> (MIDDLE INITIAL OR NAME)	<u>BERNES</u> FAMILY (OR LAST NAME)
Inventor's signature _____		
Date _____	Country of Citizenship	BE
Residence _____	FAIMES, BELGIUM	
Post Office Address _____	RUE DE LA VALLEE 8	
	B4317 FAIMES, BELGIUM	

ROBERT DE VOS
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
 Inventor's signature _____
 Date _____ Country of Citizenship BE
 Residence LILLOIS-WITTERZEE, BELGIUM
 Post Office Address AV. DU. SABOTIER 27
B1428 LILLOIS-WITTERZEE, BELGIUM

JEAN-MARIE MATHIAS
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
 Inventor's signature _____
 Date _____ Country of Citizenship BE
 Residence LILLOIS, BELGIUM
 Post Office Address AVENUE DU TONNELIER 46

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From=FENW*

M1,00101

11.1V

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor:

DANIEL LYNN
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
 Inventor's signature _____
 Date _____ Country of Citizenship US
 Residence SPRING GROVE ILLINOIS
 Post Office Address 9107 ALAMONTE DRIVE
SPRING GROVE ILLINOIS 60081 US

Full name of second joint inventor, if any

PHILIPPE VAN HEEMS
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
 Inventor's signature X _____
 Date X _____ Country of Citizenship FR
 Residence LACHATRE, FRANCE
 Post Office Address 6 PLACE DE L'ARRAYE
F-36400 LACHATRE, FRANCE

Full name of third joint inventor, if any

TAT TEMMI
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
 Inventor's signature _____
 Date _____ Country of Citizenship US
 Residence CHICAGO, ILLINOIS
 Post Office Address 1453 VICTORIA
CHICAGO, ILLINOIS 60660 US

Full name of fourth joint inventor, if any

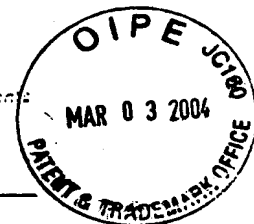
JEAN-CLAUDE AFRRES
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
 Inventor's signature X _____
 Date 2 Feb 2004 Country of Citizenship BE
 Residence FAIMES, BELGIUM
 Post Office Address RUE DE LA VALLEE 8
B-317 FAIMES BELGIUM

Full name of fifth joint inventor, if any

ROBERT DE VOS
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
 Inventor's signature X _____
 Date Feb 3, 2004 Country of Citizenship BE
 Residence LILLOIS-WITTERZEE BELGIUM
 Post Office Address AV DU SABOTIER 27
B1428 LILLOIS-WITTERZEE BELGIUM

Full name of sixth joint inventor, if any

JEAN-MARIE MATHIAS
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
 Inventor's signature X _____
 Date Feb 9, 2004 Country of Citizenship BE
 Residence LILLOIS BELGIUM
 Post Office Address AVENUE DU TONNELIER 46
B1428 LILLOIS BELGIUM



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CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION

- ☐ Signature for sixth and subsequent joint inventors.

- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.

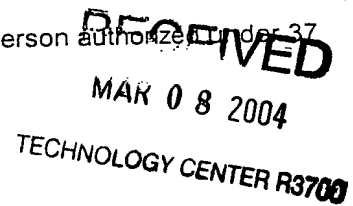
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47.

- ☒ Added page to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.

- ☐ Authorization of attorney(s) to accept and follow instructions from representative

*(If no further pages form a part of this declaration then end this declaration with this page
and check the following item:)*

- ☐ This declaration ends with this page



ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR US PRIORITY CLAIM

CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S) UNDER 35 U.S.C. 120

I hereby claim the benefit under Title 35, United States Code, S 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, S 112, I acknowledge the duty to disclose information that is material to the examination of this application, namely, information where there is substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.



PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120:

Status
(CHECK ONE)

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U.S. APPLICATIONS	U.S. FILING DATE	Patented	Pending
1. 09/540,935	03/31/2000		
2. 60/252,870	11/22/2000		
3. _____	_____		

PCT APPLICATIONS DESIGNATING THE U.S.

PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NOS. ASSIGNED (if any)
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

35 USC 119 PRIORITY CLAIM, IF ANY, FOR ABOVE LISTED U.S./PCT APPLICATIONS

DETAILS OF FOREIGN APPLICATION FROM WHICH PRIORITY APPLICATION CLAIMED UNDER 35 USC 119

Country	Application No.	Date of filing (day, month, year)	Date of issue (day, month, year)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____



Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lynn et al.
Serial No.: 09/818,486
Filed: 27 March 2001
Title: Systems and Methods for Collecting Leukocyte-Reduced Blood Components
Including Plasma that is Free or Virtually Free of Cellular Blood Species

Docket No. F-5235 CIP DIV CIP 2
Examiner: T. Bianco
Group Art Unit: 3762

Response to Requirement for Species Election

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Dear Sir:

This responds to the Requirement for a Species Election mailed January 8, 2003, for which a shortened one month period of response was established.

A five month extension to respond is respectfully requested, up to and including July 8, 2003.


Applicant elects Species I (Figures 9, 14, 15, and 17 to 19).

Applicant respectfully traverses the election requirement, to the extent it does not include the embodiment of the filter shown in Figure 16. This embodiment is generic to all the species, which encompass different forms of blood collection systems. The filter shown in Figure 16 could be used in any one of the systems. Furthermore, the claims are not directed to any particular construction of the filter.

Applicant believes that the following claims read on the elected species: 1, 2, 3, 5, 6, 7, 8, 10, 12, 13, 16, 17, and 18. Claims 1, 2, 5, and 18 are believed to be generic.

Respectfully Submitted,

By


Daniel D. Ryan, Reg. No. 29,243

RYAN KROMHOLZ & MANION, S.C.
Post Office Box 26618
Milwaukee, Wisconsin 53226
(262) 783 - 1300
8 July, 2003
818486 Restriction Requirement

Attachment $\frac{1}{2}$ Supplemental Declaration